

**STATE OF NEBRASKA**

Department of Health and Human Services  
 REGULATION AND LICENSURE – Credentialing Division  
 PO Box 94986; Lincoln, NE 68509-4986  
 Telephone #: (402) 471-2117

**APPLICATION FOR A NURSING HOME  
 ADMINISTRATOR OVERSEEING UP TO  
 3 LICENSED FACILITIES**
**NO FEE REQUIRED**
**SECTION A – PERSONAL INFORMATION** (the following information is public information and can be found on the INTERNET under [www.hhs.state.ne.us.lis/lis.asp](http://www.hhs.state.ne.us.lis/lis.asp))

|   |                |                  |                 |           |
|---|----------------|------------------|-----------------|-----------|
| 1   | Name:          | First:           | Middle:         | Last:     |
| 2   | Address:       | Street/PO/Route: |                 |           |
|   |                | City:            | State:          | Zip Code: |
| 3   | Date of Birth: |                  | Place of Birth: |           |
| <b>The following information is not public</b>  |                |                  |                 |           |
| Social Security Number: #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB) |                |                  |                 |           |
| Phone number – optional:  |                |                  |                 |           |

Each administrator must be responsible for and oversee the operation of only one licensed facility or one integrated system, except that an administrator may make application to the board for approval to be responsible for and oversee the operations of a maximum of 3 licensed facilities if such facilities are located within 2 hours' travel time of each other or to act in the dual role of administrator and department head but not in the dual role of administrator and director of nursing. An administrator responsible for and overseeing the operations of any integrated system is subject to disciplinary action against his/her license for any regulatory violations within each system. The applicant must meet the following requirements:

1. The travel time between the two facilities the farthest apart must not exceed two hours. Travel time must be by motor vehicle. Air time is not considered travel time for this purpose.
2. The distance between the two facilities the farthest apart must not exceed 150 miles.
3. The combined total number of beds in the facilities must not exceed 200.

**SECTION B – FACILITIES** (Complete the following information relating to the facilities that you plan to oversee)

|   |                       |                  |        |      |
|---|-----------------------|------------------|--------|------|
| 1 | Name of Nursing Home: |                  |        |      |
|   | Address:              | Street/PO/Route: |        |      |
|   |                       | City:            | State: | Zip: |
|   | Number of Beds:       |                  |        |      |
| 2 | Name of Nursing Home: |                  |        |      |
|   | Address:              | Street/PO/Route: |        |      |
|   |                       | City:            | State: | Zip: |
|   | Number of Beds:       |                  |        |      |
| 3 | Name of Nursing Home: |                  |        |      |
|   | Address:              | Street/PO/Route: |        |      |
|   |                       | City:            | State: | Zip: |
|   | Number of Beds:       |                  |        |      |

| <b>SECTION B – FACILITIES</b> Continued (Complete the following information relating to the facilities that you plan to oversee) |   |             |
|--|---|-------------|
| 1  | What is the travel time between the two facilities the farthest apart?<br>(must use motor vehicle travel time and not exceed 2 hours) | Time:       |
| 2  | What is the distance between the two facilities the farthest apart?<br>(must not exceed 150 miles)                                    | Distance:   |
| 3  | What is the combined total number of beds in the facilities?<br>(must not exceed 200)   | Total Beds: |

| <b>SECTION C – CONVICITON INFORMATION AND LENSURE INFORMATION:</b> (Complete the following information)  |   |                    |
|--|---|--------------------|
| 1  | HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?  |                    |
|  | If yes, state what crime, date of conviction, name, location of court (City, County, State)                                   |                    |
|  | Crime   | Date of Conviction |
|  | Name and Location of Court<br>(City, County, State)   |                    |
|  |   |                    |
| 2  | ARE YOU LICENSED OR CERTIFIED IN ANOTHER STATE?   |                    |
|  | If yes, list the profession and State of Licensure:   |                    |
| 3  | HAVE YOU EVER BEEN DENIED LENSURE OR REFUSED RENEWAL<br>(not driver's license)?   |                    |
|  | If yes, describe the circumstances surrounding the denial or refusal.   |                    |
|  |   |                    |
| 4  | IF LICENSED IN ANOTHER STATE, HAS DISCIPLINARY ACTION BEEN TAKEN<br>AGAINST YOUR PROFESSIONAL LICENSE (not driver's license)? |                    |
|  | If yes, state what action was taken and enclose a copy of the action.   |                    |
| <b>IF CONVICTED, SUBMIT</b> official court records which indicate, the circumstances and nature of the conviction, the date of the conviction, the name and location of court where the conviction was issued, the conditions and current disposition of probation, if applicable, treatment records, and other similar documentation which would provide a thorough evaluation of the conviction circumstances or may be requested by the Board |   |                    |

**SECTION D – ATTESTATION** (All applicants must complete this section)

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty pursuant to 172 NAC 106-018, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete. I further state that:

I have not overseen more than 1 Nursing Home facility as the administrator in Nebraska without prior to this application;

**or**

I have overseen more than 1 Nursing Home facility in Nebraska as the nursing home administrator prior to this application.

\_\_\_\_\_ number of days in Nebraska after July 1, 2004 (Please Explain: \_\_\_\_\_)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date